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MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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2008 CAMPAIGN FINANCE REPORT – BALLOT QUESTION COMMITTEES

FOR PERSONS AND ORGANIZATIONS INVOLVED IN BALLOT QUESTION ELECTIONS (OTHER THAN PACs) (21-A M.R.S.A. § 1056-B)

COMMITTEE OR FILER Check if address is different than previously reported. ☐Name Maine Center for Economic Policy (MECEP)
(full name of individual, committee, firm, partnership, corporation, association, group, or organization)Mailing address PO Box 431City, zip code Augusta, ME 04332 Telephone 207-622-7381TREASURER Check if treasurer or address is different than previously reported. ☐Name of treasurer Christopher St John - Lee Webb, Brd Treas.Mailing address Same as aboveCity, zip code _____ Telephone 207-622-7381E-mail address cstjohn@mecep.orgPURPOSE FOR RECEIVING CONTRIBUTIONS AND MAKING EXPENDITURES IS TO: ☐ SUPPORT ☒ OPPOSEBallot Question Number (if known): 1 Ballot Question Title/Issue: Beverage tax

BALLOT MEASURE COMMITTEE FILING PERIODS (please indicate which report is being filed):

The first report must include all financial activity from the beginning of the campaign to the end of the report period.

Report Type	Due Date	Reporting Period
<input type="checkbox"/> 11-Day Pre-Primary	May 30, 2008	April 1, 2008 – May 27, 2008
<input type="checkbox"/> 42-Day Post-Primary	July 22, 2008	May 28, 2008 – July 15, 2008
<input type="checkbox"/> October Quarterly	October 10, 2008	July 16, 2008 – September 30, 2008
<input checked="" type="checkbox"/> 11-Day Pre-General	October 24, 2008	October 1, 2008 – October 21, 2008
<input type="checkbox"/> 42-Day Post-General	December 16, 2008	October 22, 2008 – December 9, 2008
<input type="checkbox"/> January Quarterly	January 15, 2009	December 10, 2008 – January 5, 2009
<input type="checkbox"/> Amended Report: If this report is an amendment to a previously filed report, check the appropriate report above and this box.		
<input type="checkbox"/> No Activity Report: If the committee had <u>no</u> contributions and <u>no</u> expenditures during a reporting period, check the appropriate report and this box.		
<input type="checkbox"/> Termination Report: If this is the committee's last report, check the appropriate report above and this box.		

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer, Principal Officer or Authorized Individual

Date

10/22/08

MECEP

Name of Committee or Filer

Page ____ of ____
(Schedule B only)**SCHEDULE B
EXPENDITURES**

List all expenditures made to a single payee or creditor aggregating in excess of \$100 for this election and that were made during this reporting period. Expenditures of \$100 or less for this election may be aggregated and listed as a lump sum.

Expenditure Types Requiring NO Remark		Expenditure Types REQUIRING Remark	
CON	contribution to candidate, party or committee	CNS	campaign consultants
EQP	equipment (office machines, furniture, cell phones)	OTH	other
FND	fundraising events	PRO	professional services
FOD	food for campaign events, volunteers		
LIT	printing and graphics (flyers, signs, palmcards, t-shirts, etc.)		
MHS	mail house (all services purchased)		
OFF	office rent, utilities, phone and internet services, supplies		
PHO	phone banks, automated telephone calls		
POL	polling and survey research		
POS	postage for U.S. Mail and mail box fees		
PRT	print media ads only (newspapers, magazines, etc.)		
RAD	radio ads, production costs		
SAL	campaign workers' salaries and personnel costs		
TRV	travel (fuel, mileage, lodging, etc.)		
TVN	TV or cable ads, production costs		
WEB	website design, registration, hosting, maintenance, etc.)		

For every expenditure, list the appropriate code.

If a remark is required, list additional information such as type of consulting (media, messaging, campaign, etc.) or professional service provided.

Date of payment	Payee Name	Expenditure Type and Remarks		Amount
	Payee's complete mailing address	Code	Remarks	
10/21/08	Karis Holding Inc 89 Needham St Apt 2313 Newton, MA 02461	POL	Polling Survey	14,998.40
10/21/08	Consumers for Affordable Healthcare PO Box 2490 Augusta, ME 04338	LIT	print	2,083.35
10/21/08	Maine Peoples Alliance 68 Bishop St #1 Portland, ME 04102	LIT	print	1,590.05
10/21/08	Christopher St. John Staff	PRO	10 hours	538.00
10/21/08	Kurt Wise Staff	PRO	20 hours	961.00

1. Total expenditures this page only ⇒	20,170.80
2. Total from attached Schedule B pages ⇒	0
3. Aggregate expenditures of \$100 or less (not itemized) ⇒	0
4. Total expenditures this reporting period (lines 1 + 2) ⇒	20,170.80

SCHEDULE C IN-KIND CONTRIBUTIONS

List all goods and services received as in-kind contributions that have a fair market value of more than \$100. Enter the date on which the item or service was received, the name of the contributor, a description of the good or service, and the fair market value. Goods and services that have a fair market value of \$100 or less may be aggregated and reported as a lump sum.

Date of contribution	Name of contributor	Description of goods, services, discounts or facilities received	Fair market value

N/A

1. Total in-kind contributions this page only ⇒

2. Total from attached Schedule C pages ⇒

3. Aggregate in-kind contributions of \$100 or less (not itemized) ⇒

4. Total in-kind contributions received and expended this reporting period (add lines 1 + 2 + 3) ⇒

SCHEDULE D LOANS AND LOAN REPAYMENTS

List all new and continuing loans that were unpaid at any time during this reporting period. If a loan amount is forgiven, the amount forgiven must also be entered as a contribution on Schedule A.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
LENDER	LOAN BALANCE AT BEGINNING OF PERIOD	ACTIVITY THIS PERIOD (report amount and date)			LOAN BALANCE AT END OF PERIOD (1+2) - 3 - 4
		AMOUNT LOANED THIS PERIOD	AMOUNT REPAID THIS PERIOD	AMOUNT FORGIVEN THIS PERIOD (Enter each on Schedule A also)	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
	N/A	DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
Totals for each column ⇒		Enter on Schedule E, line 2	Enter on Schedule E, line 6		

MECEP
Name of Committee or Filer

**SCHEDULE E
SUMMARY SECTION**

RECEIPTS

THIS PERIOD ONLY TOTAL FOR CAMPAIGN

1. Contributions received (Schedule A, line 4)
2. Other receipts (interest income, etc.)
3. Loans received (Schedule D)
4. **TOTAL RECEIPTS THIS PERIOD (lines 1 + 2 + 3)**

<i>none to date</i>	

EXPENDITURES

THIS PERIOD ONLY TOTAL FOR CAMPAIGN

5. Expenditures (Schedule B, line 3)
6. Loan repayments (Schedule D)
7. **TOTAL EXPENDITURES THIS PERIOD (lines 5 + 6)**

<i>20,170.80</i>	<i>57,482.80</i>
<i>0</i>	<i>0</i>
<i>20,170.80</i>	<i>57,482.80</i>

IN-KIND CONTRIBUTIONS

THIS PERIOD ONLY TOTAL FOR CAMPAIGN

TOTAL IN-KIND CONTRIBUTIONS (Schedule C, line 4)

<i>0</i>	<i>0</i>
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